

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Service Employees International Union, United Healthcare Workers West (Nonprofit 501(c)(5)) - Californians for Kidney Dialysis Patient Protection			Date of This Filing 01/31/2018	Date Stamp Page 1 of 2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (510)251-1250	I.D. NUMBER (if applicable) 1373047	Report No. 20180131A			
STREET ADDRESS 					
CITY Oakland	STATE CA	ZIP CODE 94612	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages 2		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Service Employees International Union, United Healthcare Workers West (Nonprofit 501(c)(5)) - Californians for Kidney Dialysis Patient Protection			Date of This Filing <u>01/31/2018</u>	Date Stamp Page 2 of 2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (510)251-1250	I.D. NUMBER (if applicable) 1373047		Report No. <u>20180131A</u>		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Oakland	STATE CA	ZIP CODE 94612	No. of Pages <u>2</u>		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/17/2018	Californians for Kidney Dialysis Patient Protection, Sponsored by Service Employees International Union - United Healthcare Workers West Los Angeles, CA 90017-5864 ID# 1398274	Authorize State Regulation of Kidney Dialysis Clinics. Limit Charges for Patient Care. Initiative Statute. (17-0014). Statewide	\$500,000.00	11/06/2018

Reason for Amendment: